

Please type a plus sign (+) inside this box → +

Revised PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Attorney Docket No.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	31238-177927
	First Named Inventor	K. Kotsuki
	Original Patent Number	6,020,974
	Original Patent Issue Date (Month/Day/Year)	February 1, 2000
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:

(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53)

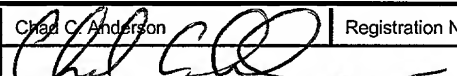
☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☐ Original U.S. Patent for surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment
13. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Other:

14. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label 26694 or <input type="checkbox"/> Correspondence address below					
Name	VENABLE				
Address	P.O. Box 34385				
City	Washington	State	D.C.	Zip Code	20043-9998
Country	U.S.A.	Telephone	(202) 962-4800	Fax	(202) 962-8300

NAME (Print/Type)	Chad C. Anderson	Registration No. (Attorney/Agent)	44,505
Signature		Date	1/31/02 January 31, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PC Docs No. 348701

REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
31238-177927

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B)	****			or	X\$
(C)	Independent Claims (37 CFR 1.16(i))	(D)	*	=	X\$		=
				=	X\$		=
Basic Fee (37 CFR 1.16(h))					\$		\$
Total Filing Fee					\$	OR	\$ 740.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 12	MINUS	** 20	*	X\$		or	X\$18=
				=0	=			0
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 3		X\$			X\$84=
				=3	=			252.00
Total Additional Fee					\$	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 22-0261.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 992.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

January 31, 2002

Date

Signature of Applicant, Attorney or Agent of Record

Chad C. Anderson

Typed or printed name